NJ GEAR UP Additional Student Survey

Answer Selection: Correct = lacktriangle Incorrect = lacktriangle lacktriangle

Date: _____ Name: _____

A
Additional Student

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1) Is this the first year that you have attended GEAR UP events?						0	Yes	0	No	
2) Have you completed this survey this school year? O Yes O No (If yes, skip to question 7)										
3) What grade are you in now?		6	7		8	9		10	11	12
		0	0		0	0		Ο	0	0
4) Which city do you live in or near?		Car	nden	New	ark	Trenton		Jersey	City	Paterson
		(0) 0		0		0		0
5) What is your gender?										
0	Male									
0	Female									
6) How do you describe your ethnicity? (select one)										
0	American Indian or Alaska Native			0	Asian			0	White	
0	Black or African American			0	Hispai	Hispanic or Latino				
0	Native Hawaiian or Other Pacific Islander			0	Other	(Descri	ibe):			
7) V	Which GEAR UP services did	you re	ceive durin	ng the y	year?					
0	Tutoring	0	Financial aid workshop O					GEP.	A/HSPA	prep classes
0	PSAT/SAT prep classes	0	Other (describe):							
8) H	Iow many hours did you spen	d here	today?							
0	½ hour									
0	1 hour									
0	1½ hours									
0	2 hours									
0	3 hours or more									